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FACSIMILE COVER SHEET

TO: U.S. Patent & Trademark Office
Central Facsimile

FROM: Frank L. Cire (Reg. No.: 42,419)

RE: U.S. Application No. 09/924,725
Attn: Examiner T. Lett
Group Art Unit 2626
Atty. Docket No. 03500.015674.

FAX NO.: (571) 273-8300

DATE: October 19, 2005

NO. OF PAGES: 17
(including cover page)

TIME: 5:46

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MESSAGE

Transmitted herewith is an Amendment and an Amendment Transmittal in response
to the Office Action dated July 28, 2005.

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

October 19, 2005

(Date of Transmission)

Frank L. Cire (Reg. No. 42,419)

(Name of Attorney for Applicant)

October 19, 2005

Signature

Date of Signature

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OCT 19 2005

In re Application of:

NAOTO ARAKAWA

Application No.: 09/924,725

Filed: August 9, 2001

For: IMAGE PROCESSING APPARATUS, METHOD
FOR CONTROLLING IMAGE PROCESSING
APPARATUS AND IMAGE PROCESSING SYSTEM

Docket No.

03500.015674.

Examiner: T. Lett

Group Art Unit: 2626

Date: October 19, 2005

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 28	MINUS	** 28	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 5	MINUS	*** 5	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Page 1 of 2

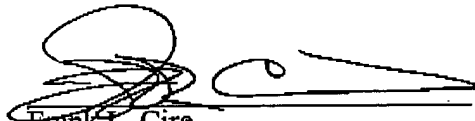
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Frank L. Cire
Attorney for Applicant
Registration No. 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
Form #120

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OCT 19 2005

03500.015674.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: T. Lett
NAOTO ARAKAWA)
: Group Art Unit: 2626
Application No.: 09/924,725)
: Filed: August 9, 2001)
: For: IMAGE PROCESSING)
: APPARATUS, METHOD FOR)
: CONTROLLING IMAGE)
: PROCESSING APPARATUS)
: AND IMAGE PROCESSING)
: SYSTEM)
: October 19, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 28, 2005, please amend the
above-identified application as follows:

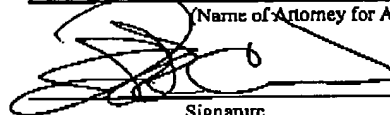
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Frank L. Cire (Reg. No. 42,419)

(Name of Attorney for Applicant)



Signature

October 19, 2005

Date of Signature